

STATEMENT OF ACCESSORIAL SERVICES PERFORMED										OMB No. 0702-0022 OMB approval expires Dec 31, 2007																																																																																																																																	
This form is required only when accessorial services are chargeable to the Government. Carrier will enter complete information or "None" in columns. "Unit Price" and "Charge" columns may be omitted when charges are itemized on the Standard Form 1113.																																																																																																																																											
The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0702-0022). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.																																																																																																																																											
<b>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.</b>																																																																																																																																											
1. GOVERNMENT BILL OF LADING NUMBER				2. DATE OF PICKUP AT ORIGIN (YYYYMMDD)				16. ACCESSORIAL SERVICES																																																																																																																																			
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6.a. ORDERING ACTIVITY/INSTALLATION NAME				b. LOCATION																																																																																																																																							
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8. SIGNATURE OF CARRIER'S REPRESENTATIVE				9. DATE (YYYYMMDD)																																																																																																																																							
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12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None".)				LBS.																																																																																																																																							
13. STORAGE-IN-TRANSIT (SIT)																																																																																																																																											
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j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one)										<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		YES	NO																																																																																																																														
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14. REWEIGH CERTIFICATION (If applicable)				a. NUMBER				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 5px;">y. LABOR (Describe service in "Remarks") (Enter number of man-hours)</td></tr> <tr> <td style="width: 50%; padding: 5px;">z. (X as applicable)</td> <td style="width: 50%; padding: 5px;">EXTRA DELIVERY</td> </tr> <tr> <td>EXTRA PICKUP</td> <td>AUXILIARY SERVICES</td> </tr> </table>		y. LABOR (Describe service in "Remarks") (Enter number of man-hours)		z. (X as applicable)	EXTRA DELIVERY	EXTRA PICKUP	AUXILIARY SERVICES																																																																																																																												
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a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED						b. SIGNATURE (Do not sign until Carrier has completed column 16(2).)			c. DATE SIGNED (YYYYMMDD)																																																																																																																																		
<input type="checkbox"/> AT ORIGIN <input type="checkbox"/> OTHER (Explain)																																																																																																																																											
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19. TRANSPORTATION OFFICER CERTIFICATION. I CERTIFY THAT SHIPMENT SERVICES WERE ACCOMPLISHED AS SHOWN BELOW.																																																																																																																																											
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(2) STORAGE-IN-TRANSIT				(5) BULKY ARTICLE CHARGE		(8) OVERTIME LOADING/UNLOADING CHARGE																																																																																																																																					
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